



The Update is a bi-weekly Web newsletter published by the Iowa Department of Public Health's Bureau of Family Health. It is posted the second and fourth week of every month, and provides useful job resource information for departmental health care professionals, information on training opportunities, intradepartmental reports and meetings, and additional information pertinent to health care professionals.

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Cigarette Sales Drop 52 Percent, but Teens Still at Risk

Report highlights effectiveness of laws, youth awareness

Iowans are smoking less, though young people continue to be at risk for starting. That's according to a report released on March 8, 2010 by the Iowa Department of Public Health (IDPH)

Conducted by the University of Northern Iowa's Center for Behavioral Research, the 2009 Tobacco Control Progress Report shows that Iowa and the state health

department have made a number of advances in reducing smoking since 2000. Most recently, the report finds there has been a dramatic decrease in cigarette consumption in Iowa. Data from the Iowa Department of Revenue show that cigarette sales in Iowa remained steady from 2000 to 2006. Since that time, however, per capita consumption of cigarettes has plummeted from 112 to 54 in 2009.

"The fact that Iowans are smoking half as many cigarettes now is clearly attributable to the \$1 cigarette excise tax in 2007 and the 2008 Smokefree Air Act," said Cathy Callaway, chair of the Iowa Tobacco Use Prevention & Control Commission. "The importance of policies like these in improving health and saving lives cannot be underestimated."

Unfortunately, efforts to reduce tobacco use among young Iowans have slowed in the past few years. Despite impressive declines in youth smoking in Iowa since 2000, the report shows that success has slowed. For example, cigarette use among high school students (at 19.9 percent) in 2008 was roughly the same level it was in 2004 (19.5 percent). Among middle school students, use was down only slightly from 3.6 percent in 2006 to 2.8 percent in 2008.

"It's important to point out that awareness of Iowa's youth-led tobacco counter-marketing campaign, JEL (Just Eliminate Lies), fell during this period," Callaway said. "Studies show there's a direct correlation



2010 Iowa Governor's Conference on Public Health

The planning committee for the 2010 Iowa Governor's Conference on Public Health is pleased to announce that registration is now open. The committee has created a program that offers professional development opportunities in various public health disciplines along with statewide association meetings, academic poster presentations, special opportunities for students and hundreds of networking opportunities.

In addition, the committee would like your help! The committee is collecting electronic photos of Iowa public health in action to create a Celebration of Public Health to be presented at the conference. Please e-mail pictures with a short caption to Sara Patkin at m spatkin@yahoo.com and plan to join us to Celebrate Public Health in April.

The 2010 Iowa Governor's Conference on Public Health registration brochure can be downloaded from pages 10-33 of **The UPdate**.

Cigarette Sales Drop 52 Percent, but Teens Still at Risk *continued*

between exposure to state-sponsored anti-tobacco advertisements and anti-smoking attitudes, beliefs and smoking prevalence. Simply put, the fewer ads JEL produces, the lower the awareness among children. That's a major contributor to the limited success we're seeing in the JEL program's goal to prevent tobacco use among youth."

Among high school students, 85 percent had heard of JEL in 2004. Four years later, however, that number dropped to 61 percent. The decrease in awareness was even more dramatic among middle school students, as it decreased from 54 percent in 2004 to 30 percent in 2008.

Data from more than 60 sources were reviewed in producing the Iowa 2009 Tobacco Progress Report. For more information, visit www.idph.state.ia.us/tobacco and look under "Tobacco Program Evaluations and Progress Reports."

For additional information, contact Don McCormick at (515) 281-6692.

New Fact Sheet- Fetal Alcohol Spectrum Disorders

This new fact sheet is now available through the American Academy of Pediatrics (AAP). It contains information about types of FASDS, ways to diagnose, treatments, Web resources and the CDC-funded FASD Regional Training Centers. Pediatricians should consider FASDS when evaluating children with developmental problems, behavioral concerns or school failure. To obtain a copy of the fact sheet, visit the AAP Medical Home Web site at www.medicalhomeinfo.org or go to pages 34-35 of **The UPdate**.

To learn more about Fetal Alcohol Spectrum Disorders, you can visit the new CDC Fetal Alcohol Spectrum Disorders (FASD) Web site at www.cdc.gov/fasd.



Childhood Poverty Affects Health, Behavior in Later Life

Living in poverty can shape the neurobiology of a developing child “in powerful ways”, affecting children’s behavior, health and how well they do later in life, shows a study by the American Academy of Pediatrics (AAP).

U.S. researchers found what they called “a biology of misfortune” among adults who were poor as children, in particular if they lived in poverty before the age of five, the study presented at the annual meeting of the American Association for the Advancement of Science (AAAS) shows.

Early childhood is a “crucial time for establishing the brain architecture that shape’s children’s future cognitive, social and emotional well-being,” the study says.

To learn more about this study, visit <http://alquemie.smartbrief.com/alquemie/servlet/encodeServlet?issueid=4EA53C87-5052-42E5-9656-7955FE7FBF4D&lmcid=archives>.

Regional NEMS Trainings Held in April

Nutrition Environment Measurement Survey (NEMS) is a proven set of tools that can be used to evaluate how a community influences personal nutrition behaviors. The tools were developed with funding from the Robert Wood Johnson Foundation through Emory University in Atlanta, Georgia.

To learn more details about the NEMS tools, visit www.med.upenn.edu/nems. In 2008, the Iowa-South Dakota Wellmark Foundation funded a grant to create an additional tool to be used with vending machines (NEMS-V) in communities. As part of the grant, regional trainings **using all of the NEMS tools** are being held in Iowa. These workshops are available to communities on a first-come, first-serve basis. The two-day workshops will include field experience to practicing using the tools. Trained surveyors will be with each group to oversee the learning experience. The workshop is free and will include a continental breakfast and lunch each day as well as training materials. If you have questions regarding the trainings, please contact:

Susan B. Klein / (515) 240-0368 (cell)
susan.klein50@gmail.com or

Carol Voss / (515) 242-5566 (office)
cvoss@idph.state.ia.us

DATES	CITY	LOCATION
April 8-9	Cherokee	Cherokee Co. Extension
April 15-16	Iowa City	Montgomery Hall - Johnson Co. Fairgrounds
April 22-23	Mason City	Cerro Gordo Extension
April 26-27	Atlantic	Atlantic Area Chamber of Commerce
April 29-30	Altoona	Polk County Extension

Community grants will be available upon completion of the 2-day workshops.

To register, contact: Amy Marek (515) 957-5763, amarek@iastate.edu.

Oral Health Recent Events



Recent Events:

Medicaid Billing

Due to agency inquiries on the proper billing procedure for oral screenings and fluoride varnish applications to Medicaid, clarification has been provided by Iowa Medicaid Enterprise (IME). Fluoride varnish can be applied and billed to Medicaid 3 times per year (90 days apart) while oral screens are only billable 2 times per year (6 months apart). IME now has edits in place so that agencies can bill for these services whenever they are provided with non-billable screens being denied. .

The OHB does recommend that each agency track all procedures and only bill Medicaid for those services that are allowable, but it is acceptable to bill for all services provided.

Announcements:

Save the Date!

The I-Smile™ coordinator spring meeting will be held Monday, April 12 in Ames. Tentative times are 10:00 a.m. - 4:00 p.m. Site is still to be determined. ***This is a required meeting for all coordinators.***

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

Spring Conference to Highlight Minnesota's Dental Therapist Model

The Oral Health Bureau is proud to sponsor Dr. Sheila Riggs at the 2010 Governor's Conference on Public Health April 13th & 14th in Ames, Iowa. Dr. Riggs is the Chair of the Department of Primary Care at the University of Minnesota School of Dentistry and leads health policy initiatives for their Academic Health Center. In 2009, the Minnesota State Legislature enacted a bill that created a new member of the dental team, the dental therapist. The first educational curriculum for dental therapists was launched by the University of Minnesota last fall.

The growing trend of the dental therapist remains strong within dental schools but is not without controversy. Using dental therapists may be an innovative solution for addressing the access to dental care concerns that have plagued the states for a long period of time. Dr. Riggs's presentation will highlight the process that led to Minnesota signing a bill into law that created a new dental provider type as a means to improve access to care for their underserved citizens. This is a bill that passed with overwhelming legislative support.

A link to the conference brochure can be found on the Iowa Public Health Associations Web site or by clicking on the following link: <http://ipha.memberlodge.org/Content/Documents/Document.ashx?DocId=109150>.

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Oral Health Recent Events *continued*

Spring Conference to Highlight Minnesota's Dental Therapist Model *continued*

Dr. Riggs is scheduled to present on the first day of the conference. For first-time conference attendees (who would not be able to attend the conference due to funding constraints), a scholarship program has been established to cover registration costs. More information on the scholarship program can be found at the following link: <http://ipha.memberlodge.org/Content/Documents/Document.ashx?DocId=109529>.

In addition, dental CEU's have been applied for and will likely be available for this session and potentially others. We hope to see many of you there!

News Links:

PEW Report

In the report released by the PEW Center on the States, all 50 states and the District of Columbia were assessed and graded, using an A-F scale, on whether and how well they are employing eight proven and promising policy approaches at their disposal to ensure dental health and access to care for children. These policies include preventative measures (such as sealants and fluoridation), expanded access to Medicaid, and innovative workforce models.

Only six states merited "A" grades: Connecticut, Iowa, Maryland, New Mexico, Rhode Island and South Carolina. Thirty-three states and the District of Columbia were rewarded a grade of "C" or below. Nine of those states earned an "F," meeting only one or two policy benchmarks: Arkansas, Delaware, Florida, New Jersey, Hawaii, Louisiana, Pennsylvania, West Virginia and Wyoming.

To read the full report, visit the PEW Web site at www.pewcenteronthestates.org/costofdelay.

For more information on oral health, contact the Oral Health Bureau at 1-866-528-4020.

Request for Bid Posted

Evaluation of Health and Safety Instruments Used in the Iowa Quality Rating System Request for Bid

A Request for Bid (RFB) to conduct an "Evaluation of Health and Safety Instruments Used in the Iowa Quality Rating System" was posted on the Iowa Department of Public Health Web site at www.idph.state.ia.us under 'Grants, Bids and Proposals'. Please note that the RFB has two documents, the RFB Document and the RFB Attachments.

Administration/Program Management

2009 CMS 416 Participation Rate Data - Success Story

As shared during the February 16, 2010 Grantee Committee Meeting conference call, the 2009 CMS 416 Participation Rate data has been released by the Iowa Medicaid Enterprise. **Iowa's overall rate is 75 percent, up from the previous year's rate of 72 percent.** Two data sets can be found on pages 36-42 of **The Update**. The first data set displays the percentages by county, and the second shows the county percentages grouped by agency. This data can also be found on the IDPH EPSDT Web site (Providers page) at www.idph.state.ia.us/hpcdp/epsdt_care_for_kids.asp.*

As you can see, significant progress is being made on assuring that children receive well child screens according to the Periodicity Schedule! Six of our child health agencies reached an 80 percent participation rate or higher for their service area. The highest percentage rate - 86 percent - was achieved by Webster County Health Department which administers a four county child health program.

Kari Prescott, Director of the Webster County Health Department, attributes their success to two key factors. She states, "Our staff presented information to two local providers - the Community Health Center and Trimark Physicians Group. Information was presented about EPSDT screening rates and the importance of the un-clothed physical. We also discussed all public health services including lead testing, childhood immunization schedule, testing for STD's and oral health issues. I think it made a difference that the leaders of the Webster County Health Department presented the information to the providers." The presenters included Kari Prescott, Director; June Weiss, RN; and Angie Halfwassen, I-Smile Coordinator. "We addressed EPSDT screenings, lead testing, childhood immunizations and oral health services. We answered questions from the providers and offered gap-filling services in the event that the services were not provided by the physician. **This meeting opened the doors of communication!** The Webster County Health Department is viewed as a resource for clients rather than competition. The clients are receiving the needed services, and we help remove barriers. Realistically, we have more time to devote one-on-one to clients with questions about any public health service. The clients look to the local public health office as a source for information, without needing to make an appointment or being charged for an appointment."

"A second reason for our success is that in May 2009 we designated one Webster County Health Department staff person to be solely in charge of coordinating care for children in our four county project area. She is responsible for all aspects of informing and re-informing activities in Webster County. She is also responsible to make sure the other three counties have completed their informing duties in a timely manner. She carries out all of the due-by-periodicity activity (care coordination) in our county and in the other three counties as well."

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Administration/Program Management

2009 CMS 416 Participation Rate Data - Success Story

“The bottom line is that our agency is devoting the time and is really working with the child health program to make sure clients are informed of eligible services and to assist them in getting connected to well child services. Our efforts support the mission of our agency - to promote and maintain health for all, to prevent disease and disability, and to collaborate, coordinate, develop and implement community health programs to keep our community healthy.”

*CMS tracks EPSDT Participation Rates in each state based upon a federal requirement of 80 percent. Participation rates indicate the extent to which the number of Medicaid-eligible children who should be screened (receive a well child exam) during the year receive at least one initial or periodic screening (well child exam). The unit of measure is the number of eligibles receiving at least one initial or periodic screening service divided by the unduplicated count of eligibles who should receive at least one initial or periodic screening service in the year. The initial and periodic screening services are based on the periodicity schedule recommended in the AAP Guidelines for Health Supervision and the average period of eligibility in each state.

Preparation of the CHNA & HIP Report Begins

Every five years, local boards of health lead a community-wide discussion with stakeholders about their community's health needs and what can be done about them. This activity is so important to what we do in public health, it is outlined in both the Iowa Public Health Standards and the Local Public Health Services contract performance measures. Consistent reports for all of Iowa will allow for a solid profile of the health needs of the state and local communities and be used for the department's state assessment and health government plan. In addition, the reports submitted will provide guidance on resource needs to successfully address health priorities for local communities.

Approximately one year from today, local public health partners from each of Iowa's 99 counties will be submitting the results of these discussions in a report known as the Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP). Last week, all counties should have received two CDs with materials to assist in preparing the CHNA & HIP report. These materials, along with additional county-specific data and resources, are posted at www.idph.state.ia.us/chnahip. To participate in conducting the needs assessment and creating a health plan for your community, please contact your local health department. To learn more about the CHNA & HIP process visit www.idph.state.ia.us/chnahip or contact Louise Lex at (515) 281-4348 for technical assistance.

Calendar

March 30, 2010

WIC Breastfeeding Workshop

8:30 a.m. - 4 p.m., DMACC, 2006 S. Ankeny Blvd.,
Ankeny

April 13-14, 2010

Iowa Governor's Conference on Public Health

Scheman Conference Center, Ames

April 29, 2010

Bureau of Family Health Grantee Committee Meeting

9 - 11:30 a.m., ICN

MARCH Contract Required Due Dates

10 - Due: CCNC Encounter
Data

15 - Due: GAX &
Expenditure Report

28 - Export WHIS Records to
IDPH



THE UPdate



Bureau of Family Health: 1-800-383-3826

Teen Line: 1-800-443-8336

Healthy Families Line: 1-800-369-2229

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Area code is 515



2010 IOWA 
Governor's
CONFERENCE ON PUBLIC HEALTH
Promote ▶ Prevent ▶ Protect

APRIL 13-14, 2010
Scheman Conference Center
Ames, Iowa



Welcome

It is our privilege and honor to present to you the 2010 Iowa Governor's Conference on Public Health. This is the inaugural year for this new conference name which combines the former Iowa Public Health Conference and Governor's Barnraising Conference. In the past, both of these conferences have connected many individuals with the opportunity to hear and participate in presentations from nationally known speakers and celebrate many of our Iowa successes. The planning committee has worked diligently to bring together the best of both conferences and present this conference to you. Our conference name may be new but we are still committed to meeting the needs of many individuals and organizations who provide environmental and public health services to the residents of Iowa. We hope this conference will provide the professional information you seek as well as exceed the degree of excellence you deserve and expect.

The past year has been an interesting journey for Public Health. Response to the H1N1 Novel Influenza has kept us in the news, but there have been many other accomplishments as we maintain the expectations of providing a healthy environment. The economy continues to be a challenge and concern for all residents. In an attempt to acknowledge the issues that we currently face and determine how we will navigate future challenges, our conference planning committee has put together a very diverse conference agenda. As you participate in this conference with your public health colleagues, we hope you will celebrate the accomplishments of public health, acknowledge the many local experts that exist within the great state of Iowa, and appreciate the privilege to hear from national level speakers.

Thanks for choosing to be a part of this outstanding conference. Your participation is greatly appreciated and your insight for future conferences will be invaluable. As representatives of our planning committee, we are pleased to present the Iowa Governor's Conference on Public Health which is destined to reflect the great strengths of our past and promise of future successes for Iowa.

Conference Co-Chairs

Pam Mollenhauer, IEHA

Kevin Grieme, IPHA

Thank you

to the following organizations for their generous support of the
Iowa Governor's Conference on Public Health

Gold Level Sponsors

ActivStyle, Inc.

Center for Disabilities and Development

Center for Leadership Education in Maternal & Child Public Health, Division of
Epidemiology and Community Health, School of Public Health, University of Minnesota

Delta Dental of Iowa Foundation/Iowa FIND Project

University of Iowa College of Public Health

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Iowa Counties Public Health Association

Palmer Chiropractic Clinics

State Hygienic Laboratory at the University of Iowa

Bronze Level Sponsors

MECCA's Problem Gambling Services

University of Iowa Area Health Education Center

Keynote Speakers



Michael McGeehin, PhD, MSPH, is Director of the Division of Environmental Hazards and Health Effects (EHHE) for the National Center for Environmental Health (NCEH) at the Centers for Disease Control and Prevention (CDC). His division includes the National Environmental Public Health Tracking Program, CDC's Asthma Control Program, the Harmful Algal Bloom Surveillance Project, and the Nuclear Weapons Facility Dose-Reconstruction Program.

Dr. McGeehin is CDC's point person for global climate change. He served as co-chair of the health sector on the U.S. National Assessment of Climate Change. He also represents Natural Hazards Research, Council on Environmental Quality (CEQ) Interagency Working Group on Environmental Indicators, National Water Quality Assessment Advisory Council, National Drinking Water Advisory Council, ECOS Environmental Health Forum, and the interagency committee for Environmental Protection Agency's (EPA) report on the environment, among others.



James G. Hodge Jr., JD, LLM, is a Lincoln Professor of Health Law and Ethics, Faculty Fellow, Center for Law, Science & Innovation, Sandra Day O'Connor College of Law, Arizona State University. Professor Hodge, the recipient of the 2006 Henrik L. Blum Award for Excellence in Health Policy from the American Public Health Association, has drafted several public health law reform initiatives, including the Model State Public Health Information Privacy Act, the Model State Emergency Health Powers Act, the Turning Point Model State Public Health Act, and the Uniform Emergency Volunteer Health Practitioners Act. He is a national expert on public health information privacy law and policy, having advised numerous federal, state, and local governments on these issues. Before joining the College of Law faculty in 2009, Professor Hodge was a Professor at the Johns Hopkins Bloomberg School of Public Health, an Adjunct Professor of Law at Georgetown University Law Center, and a Core Faculty member of the Johns Hopkins Berman Institute of Bioethics. He is a Senior Scholar at the Centers for Law and the Public's Health: A Collaborative at Johns Hopkins and Georgetown Universities, President of the Public Health Law Association, and Vice-Chair of the ABA Public Health Interest Group.



Russell Currier, DVM, MPH, graduated from the University of Minnesota, College of Veterinary Medicine in 1967 and received an M.P.H. degree in 1969, also from Minnesota. During the next six years he served as an Epidemic Intelligence Service (EIS) officer and staff epidemiologist with the Centers for Disease Control, with assignments to three state health departments and CDC's Veterinary Public Health Office in Atlanta, Georgia. In 1975 Dr. Currier accepted the position of Public Health Veterinarian with the Iowa Department of Public Health. He continued in this capacity, which was expanded to include environmental epidemiology activities with research and professional interests in rabies control, vector-borne disease, scabies, foodborne illness, health assessment of toxic substances, and farm injury. In 2004, Dr Currier retired from the Iowa Department of Public Health and two years later accepted the position of Executive Vice President, American College of Veterinary Public Health. He recently retired from the College and happily resides in Clive, Iowa, with his wife Susan. Dr. Currier has authored or co-authored over 30 scientific papers.

The Iowa Governor's Conference on Public Health is a NEW, combined conference created from the Iowa Public Health Conference held annually in the spring and the Barn Raising Conference held every other year in the summer. The following ten organizations work together to plan and implement the Iowa Governor's Conference on Public Health:

Child Health Specialty Clinics

Child Health Specialty Clinics (CHSC) is a public health program that serves children (ages 0-21) with special health care needs and their families. CHSC works to assure direct clinical services when there is a need that the community has not been able to fill.



CHSC has special expertise in chronic illness, including health-related behavioral, learning, and emotional disorders. CHSC helps families find and organize other local services that their children may need. Examples include early intervention, home care, family-to-family support, insurance coverage, child care, and school health. CHSC staff also spend

significant time in interagency collaborative planning activities and other core public health functions to improve the system of services for children with special needs and their families. Visit www.uihealthcare.com/depts/chsc for more information

Iowa Counties Public Health Association

The Iowa Counties Public Health Association is a state organization representing local public health agencies working to assure the health of people and communities through an effective local public health system. The goals of the Iowa Counties Public Health Association are to promote and enhance local public health practice and policy in Iowa; strengthen and foster local public health agencies in Iowa; take an active role in the state and local legislative process; improve the communication and cooperation among local public health agencies; define and disseminate information on public health issues; and provide leadership on matters of public health importance.



Iowa Department of Public Health

Bureau of Family Health



The Bureau of Family Health (BFH) uses core public health functions to fulfill its responsibility for infrastructure building, population-based services, enabling services, and direct care services to promote the health of women and children. The bureau is primarily responsible for system development, monitoring standards of care, and coordinating health-related services between and among community-based entities serving

Iowa families.

Bureau of Health Care Access



The Bureau of Health Care Access advocates for quality health care delivery systems for all Iowans and provides information, referrals, education, grant opportunities, technical assistance, and planning for Iowa communities. The bureau is designated as the state entity for addressing rural health and primary care issues in Iowa and works to improve access to health care for vulnerable populations. The bureau houses the Center for Rural Health and Primary Care. The Center for Health Workforce Planning was created in 2002, fueled by the efforts of Senator Tom Harkin, to build and sustain a competent, diverse health workforce in Iowa.

Oral Health Bureau

The Oral Health Bureau promotes and advances health behaviors to reduce the risk of oral diseases and improve the oral health status of all Iowans. Infrastructure building, population-based, enabling, and direct health service programs are in place targeting pregnant women, children, and the elderly for the prevention, early identification, referral, and treatment of oral disease. These programs have been implemented in schools, maternal and child health agencies, and other community-based settings.



Bureau of Nutrition and Health Promotion

The Bureau of Nutrition and Health Promotion helps families and communities promote healthful living and reduce the amount and/or severity of chronic diseases. The bureau provides public awareness messages on individual behavior, policies, environmental efforts, and other health issues including women's health, children's health and breastfeeding. The bureau seeks to improve the health of Iowans by planning, promoting, and providing quality public health efforts focused on nutrition, physical activity, and prevention services statewide. The Bureau of Nutrition and Health Promotion administers the Special Supplemental Nutrition Program for Women, Infants and Children (commonly known as WIC), Food Assistance Nutrition Education, the CDC Nutrition and Physical Activity Program to Prevent Obesity and Other Chronic Diseases, and the Fruits and Veggies More Matters program in Iowa.



Division of Behavioral Health

The Division of Behavioral Health promotes and protects the health of Iowans through its:

- Bureau of Administration, Regulation and Licensure (problem gambling and substance abuse treatment programs)
- Bureau of HIV, STD, and Hepatitis
- Bureau of Substance Abuse Prevention and Treatment
- Office of Disability and Injury Prevention (brain injury services, disability-related access education, domestic and sexual violence prevention, and youth suicide prevention)
- Office of Problem Gambling Treatment
- Anatomical gift program
- Dependent adult abuse curriculum

Iowa Environmental Health Association

The Iowa Environmental Health Association (IEHA) membership represents primarily local and state environmental health officials who provide programs such as water quality, on-site wastewater, I-DNR Grants-To-County program, food safety, and nuisance conditions, to name a few. IEHA strives to develop its members through increasing skills, education, efficiency, and professionalism by way of offering spring and fall conferences, coordinating professional development opportunities with other professional associations and agencies, influencing legislation, and publishing a quarterly newsletter. Visit www.ieha.net for more information.



Iowa Public Health Association

Since 1925, the Iowa Public Health Association has provided a forum for public health professionals to network, share information and speak collectively for Iowa's public health. IPHA is an affiliate of the American Public Health Association. IPHA's membership is statewide and comprised of individuals from a broad array of disciplines and across the professional continuum (preprofessionals, leaders and experts in the field). A shared vision and mission unite the members of IPHA. **Our Vision:** Meeting the health needs of all Iowans through a recognized, valued and well-supported public health system. **Our Mission:** Mobilize a diverse membership to advocate and lead for public health. Visit www.iowapha.org for more information.



University of Iowa College of Public Health

The University of Iowa College of Public Health is guided by its vision: *"To serve Iowa and the Midwest as one of the nation's premier state-assisted schools of public health and lead the global community in rural public health education and training, research, and practice."* The college includes the Departments of Biostatistics, Community and Behavioral Health, Epidemiology, Health Management and Policy, and Occupational and Environmental Health. There are also opportunities for distance learning and certificate programs in public health. More than 25 centers and institutes based in the college provide focused research on critical public health topics and deliver outreach, service, and policy activities. The college is accredited by the Council on Education for Public Health (CEPH). For additional information, please visit the College of Public Health website at www.public-health.uiowa.edu.



State Hygienic Laboratory at the University of Iowa

Since 1904, the State Hygienic Laboratory at the University of Iowa has been at the forefront of Iowa public health issues as the state's public health and environmental laboratory. In its early years, the State Laboratory tested for typhoid, diphtheria, rabies and tuberculosis. Today, the Laboratory also quickly responds to other public health threats, such as mumps, whooping cough, Salmonella and global threats such as HIV, bioterrorism and chemical terrorism response and readiness. The Laboratory conducts testing of drinking water and works with the Iowa Department of Natural Resources to provide real-time air quality monitoring and monitoring of Iowa's rivers and lakes. The Laboratory provides potentially life-saving newborn screening for every child born in Iowa, North Dakota and South Dakota.



Kevin Grieme, Iowa Public Health Association

Pam Mollenhauer, Iowa Environmental Health Association

Diane Anderson & Doreen Chamberlin, IDPH Bureau of Health Care Access

Douglas Beardsley & Alana Poage, Iowa Counties Public Health Association

Andrew Connet & Jane Borst, IDPH Bureau of Family Health

Dawn Gentsch & Christopher Atchison, The University of Iowa College of Public Health

Julie Hibben & DeAnn Decker, IDPH Division of Behavioral Health

Dawn Jackson, State Hygienic Laboratory at the University of Iowa

Barb Khal, Child Health Specialty Clinics

Louise Lex, Iowa Department of Public Health

Heather Miller, IDPH Oral Health Bureau

Susan Pohl & Christine Hradek, IDPH Bureau of Nutrition & Health Promotion

Conference Information

WHO SHOULD ATTEND

The intended audience for the Iowa Governor's Conference on Public Health includes public health administrators, environmental health specialists, nurses, dietitians, family and consumer science specialists, social workers, pediatricians, Boards of Health, Boards of Supervisors, family physicians, dentists, dental hygienists, health educators, statisticians, epidemiologists, laboratory scientists, mental health professionals, veterinarians, substance abuse counselors, parents and others interested in assuring the health of individuals, families and communities. Students in public health, health education/promotion, or other allied health sciences are also welcome.

SCHOLARSHIP OPPORTUNITY

The Iowa Governor's Conference on Public Health Planning Committee is offering a limited number of scholarships to attend the 2010 conference! First-time conference attendees with a financial need are eligible and encouraged to apply. Applications can be found at www.iowapha.org or by emailing Sara Patkin at m spatkin@yahoo.com. Scholarships for professionals and students will be awarded on a first-come, first-served basis until funds are depleted.

CONTINUING EDUCATION CREDIT

Continuing education credits will be available to licensed dietitians through the Iowa Board of Dietetic Examiners. Application has also been made for approval of CPEs from the Commission on Dietetic Registration. Applications for credit approval are being submitted for nursing, dental, veterinarian, NEHA and substance abuse counselors. Application has been made to the National Commission for Health Education Credentialing (NCHEC) for CHES Category I continuing education contact hours (CECH) by the Iowa Society for Public Health Education Chapter. Pharmacists interested in receiving CE credit should contact the Iowa Board of Pharmacy prior to the conference at 515-281-5944. Please note that NAPNAP credits will not be offered this year.

EXHIBITORS, SPONSORS AND ADVERTISERS

You are invited to participate in the conference as an exhibitor, sponsor, or advertiser. Information and registration forms can be found at www.ieha.net or www.iowapha.org. A limited amount of space is available on a first-come, first-served basis.

ICPHA DINNER

The Iowa Counties Public Health Association will hold a dinner and meeting at 6:00 p.m. on Monday, April 12 in room 179 at the Scheman Building. Questions and reservations should be directed to Graham Dameron at gdameron@mail.public-health.uiowa.edu.

COME JOIN US IN THE NEW PREPARE IOWA LEARNING MANAGEMENT SYSTEM KIOSK!

This new all-day format allows you to drop by anytime that is convenient, and stay as long as you like. Get your questions answered, retrieve Login information, test new features, preview new online courses, learn about how to better manage your employees, print reports, find out what's on our roadmap, or just stop by to chat.

QUESTIONS

For more information about the conference, contact Sara Patkin at m spatkin@yahoo.com or 515-963-8664.

Conference Information

85TH ANNIVERSARY OF IOWA PUBLIC HEALTH ASSOCIATION AND 2010 AWARDS BUILDING UPON A RICH HISTORY, INVESTING IN A VIBRANT FUTURE

Join the Iowa Public Health Association (IPHA) for our 85th Anniversary celebration on Tuesday, April 13 starting at 5:30 p.m. at the Reiman Gardens in the Iowa State Center. The IPHA 2010 Awards will be presented as part of an evening with time for networking, amazing local Iowa food and beverages as well as entertainment. Special invited guests include: APHA President, Carmen Nevarez, MD, MPH; Miss. Iowa, Anne Michael Langguth; and all IPHA 2010 Award recipients. Let's celebrate public health's accomplishments over the past 85 years and begin to invest in the future of the Iowa Public Health Association. You may register for this event on your conference registration or through the IPHA website - www.iowapha.org.

REFUNDS

The registration fee (minus a \$15 administrative charge) is refundable for cancellations received in writing by Monday, April 5, 2010. No refunds will be allowed after that date. Registration is transferrable to another person. To cancel or transfer a registration, you must send written notice to Sara Patkin by email at m spatkin@yahoo.com or mail at 514 NE 39th Ct., Ankeny, IA 50021.

ATTENTION STUDENTS

Students in public health related fields are encouraged to attend the Iowa Governor's Conference on Public Health. It is an excellent professional learning and networking opportunity. In an effort to assist students with career networking, a special luncheon has been scheduled for April 13 (the first day of the conference). Students who attend the conference won't want to miss this opportunity to connect with public health professionals.

LOCATION & HOTELS

The Scheman Building is located in the ISU Center on the campus of Iowa State University, Ames, Iowa. Specific driving directions can be obtained at www.center.iastate.edu.

Blocks of rooms have been reserved at several Ames hotels for the nights of April 12 & 13, 2010. Individuals are responsible for making and paying for their own reservations by contacting the hotel directly. Be sure to indicate that you are attending the Iowa Governor's Conference on Public Health to receive the special conference rate. Most conference rates are based on single occupancy. Additional charges may apply for two or more people in a room. Rooms will be held until March 19 at the following hotels:

<u>Hotel</u>	<u>Phone #</u>	<u>Rate</u>
Best Western University Park	515-296-2500	\$69.00*
Comfort Inn	515-232-0689	\$60.00
Gateway Hotel	515-268-2203	\$89.00
Grandstay	515-232-8363	\$70.00
Econolodge	515-233-6060	\$68.00*
Microtel	515-233-4444	\$52.00*
Super 8	515-232-6510	\$62.99*

*Accepts state rates for those who can provide valid identification upon check-in.

Tuesday, April 13

- 7:30 A.M.** **REGISTRATION & CONTINENTAL BREAKFAST**
- 8:30-9:30** **WELCOME & CELEBRATION OF PUBLIC HEALTH**
Kevin Grieme & Pam Mollenhauer, Conference Co-Chairs
The Honorable Chet Culver, Governor of Iowa
Tom Newton, Director, Iowa Department of Public Health
- 9:30-10:30** **PLENARY SESSION: CLIMATE CHANGE: PUBLIC HEALTH RESPONSE**
Michael McGeehin, PhD, MSPH, Director of the Division of Environmental Hazards and Health Effects for the National Center for Environmental Health at the Centers for Disease Control and Prevention
- 10:30-11:00** **NETWORKING BREAK**
POSTER SESSIONS
- 11:00-12:00** **CONCURRENT SESSION I**

1. Working Together in Environmental and Public Health Emergencies

Beverly Pennell, MS, MT(ASCP), Emergency Preparedness

Coordinator, State Hygienic Laboratory at the University of Iowa
 Our recent shared experiences with two emergencies — the Flood of 2008 and the Spring 2009 Novel H1N1 influenza Outbreak — highlighted the importance of environmental and public health laboratory test results. The University Hygienic Laboratory (UHL) is a central partner in most natural disasters and public health emergencies. This presentation shall address the types and extent of interactions UHL had with its partners during the flood and novel H1N1 outbreak.

2. The Community Health Needs Assessment and Health Improvement Plan: What Works and How to Fix What Doesn't Work

Louise Lex, MS, PhD, State Health Planner, Iowa Department of Public Health

Jonn Durbin, MA, CPM, Deputy Bureau Chief, Communications and Planning, Iowa Department of Public Health

Martha Gelhaus, MPA, Bureau Chief, Communications and Planning, Iowa Department of Public Health

The Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP) is a report documenting a community-wide effort to assess a community's health needs and how to meet them. The process is embodied in the Iowa Public Health Standards that set forth the key elements of community health assessment and planning. Completion of the CHNA & HIP, due on February 26, 2011, is an expectation of the Local Public Health Services Contract. This session is geared toward local boards of public health members, stakeholders, and local and state health planners interested in discussing progress, sharing learning, and finding resources to assist the planning effort.

3. The HPV Vaccine in Iowa: Where We Stand Today and What Needs to be Done to Increase Vaccination Rates

Natoshia Askelson, Associate Research Scientist, The University of Iowa

Liz Newbury, MA, PhD student, Medical Anthropology, The University of Iowa

Karith Humpal, MEd, HPV Project Coordinator, Family Planning Council of Iowa

This presentation showcases four unique Iowa studies that illustrate the barriers and facilitators to the Human Papillomavirus (HPV) vaccination in Iowa. Based on these findings, recommendations about how to improve the acceptance of the vaccine and increase vaccination rates in Iowa will be discussed.

4. Community Circle of Care, Northeast Iowa's System of Care for Children/Youth with Mental Health and Behavioral Challenges

Vickie Miene, MA, LMHC, Program Manager/Technical Assistance Coordinator, Child Health Specialty Clinics, The University of Iowa
Debra Waldron, MD, MPH, Director, Chief Medical Officer, Child Health Specialty Clinics, The University of Iowa Hospital, Department of Pediatrics

The goal of the Community Circle of Care (CCC) is to create an inclusive System of Care (SOC) easily accessed by families by developing local community partnerships with families, service providers, business and civic leaders. Initial outcomes indicate youth served in CCC have increased social connectedness, decreased school absences, and decreased incidents of out of home placement/hospitalization. The CCC Model of Care including using Family Team Meetings, a medical diagnostic assessment, and social service supports, will be described. Further discussion will include how the overall SOC for children (through age 21) with emotional and behavioral challenges is being built to include parent and youth support groups, while remaining culturally competent and self sustaining.

5. Educating and Informing your Local BOH – Tools and Tips

Dawn Gentsch, MPH, CHES, Coordinator of Special Projects, Institute for Public Health Practice, The University of Iowa College of Public Health

Diane K Anderson, MHA, MPH, BSN, Regional Community Health Consultant, Iowa Department of Public Health

Elizabeth Faber, MPH, CHES, Iowa Region 2 Public Health Emergency Preparedness Planner

Those serving on a Local Board of Health (LBOH) need access to public health information. The LBOH Toolkit was released in April 2008 by The University of Iowa College of Public Health Institute for Public Health Practice in partnership with the Iowa Counties Public Health Association and Iowa Department of Public Health. If you are a local board of health or supervisor member or you work with these boards, come learn how the toolkit can be a valuable tool for you. This toolkit focuses on the resources that LBOH members may need during their tenure. Updated and new information will be shared – such as the expanded section for environmental health. The rationale for the need of resources such as the LBOH Toolkit is demonstrated by a final project for the Great Plains Public Health Leadership Institute. For this project, local board of health members in Iowa and Nebraska were interviewed to determine their engagement in public health policy and experiences as a board member. Results from this project show that there is a need for more orientation and training of board of health members on all aspects of public health.

6. "Reverse" Cultural Competency Training: A Model Training Program to Orient Foreign-Born Physicians to Iowa's Health Care System and Patient Culture

Michele Devlin, DrPH, Professor and Director, Iowa Center on Health Disparities, University of Northern Iowa

Mark Grey, PhD, Professor and Director, Iowa Center on Immigrant Leadership and Integration. University of Northern Iowa

The United States is currently experiencing a significant shortage of physicians and nurses, particularly in rural states like Iowa. In order to address this shortage, many hospitals are recruiting large numbers of physicians from foreign countries. Health organizations in Iowa have traditionally had a difficult time retaining these foreign-born providers, in part because these newcomers have had little previous exposure to, or understanding of, the Iowa health care system, the mentality of Iowa patients, and the culture of rural America. This sessions discusses a comprehensive assessment of cultural and language barriers affecting these staff members; development of a unique "reverse" cultural competency training program; and a comprehensive orientation program for the doctors to improve their understanding of critical structural and cultural issues affecting Iowa's hospitals and patients.

- 12:00-1:15 LUNCH**
Meetings during lunch:
1. IEHA Annual Meeting
2. IPHA Epidemiology/Laboratory Section Meeting
3. IPHA Health Administration Section Meeting
4. IPHA Maternal & Child Health Section Meeting
5. IPHA Nutrition & Physical Activity Section Meeting
6. IASOPHE Chapter/Section Membership Meeting
7. Student Career Networking Luncheon
- 12:30-1:15 POSTER SESSIONS**
- 1:15-2:15 CONCURRENT SESSION II**

7. Pick a Better Snack™: Campaign Success and Implementation Possibilities

Christine Hradek, MPH, Community Health Consultant, Iowa Department of Public Health

Melissa Stahl, Nutrition Educator, ISU Extension-Johnson County

Pick a better snack™ is a nutrition education and social marketing campaign developed in Iowa and implemented in many communities and settings in our state as well as other states. The goal of Pick a better snack™ is to increase the consumption of fruits and vegetables among low-income, elementary-aged children by increasing how often they eat fruit and vegetable snacks. This presentation will focus on how the program is used in community settings and current evaluation results illustrating the success of the campaign. This presentation will also describe the BASICS program as well as other ways Pick a better snack™ is used in nutrition education around the state. Evaluation of this campaign has become increasingly rigorous over the past few years. Much effort has been put toward development of high-quality measures. Evaluation techniques and tools will be described along with the results of the 2009 evaluation.

8. Poliomyelitis Epidemics in Siouxland: The Impact on the Community and Public Health 1952-1967

Diane L. Smith, MSN, RN, Nursing Instructor, Northwestern College

The purpose of this research was to explore Siouxland District Health Department's Collection of 1952-1967 archives and the public health's response to a community inflicted by poliomyelitis epidemics. In 1952, the Sioux City poliomyelitis epidemic was ranked the worst in the United States. Local and state health officials, national and community agencies, the medical society, nursing organizations, hospital authorities, polio foundation representatives, and citizens tried to bring the epidemic under control. Poliomyelitis has gone from being one of the worst scourges of the 20th century to being nearly eradicated in the 21st century. The lessons learned from the poliomyelitis epidemics in Siouxland are vital interests today and may be a reference for some unexpected day.

9. The Counts That Matter: The Methods, Madness, and Lessons Learned in Tracking an Influenza Pandemic

Meg Harris, MPH, CPM. Epidemiologist, Iowa Influenza Surveillance Network Coordinator, Council of State and Territorial Epidemiologists Iowa Department of Public Health

Lucy DesJardin, PhD, Program Manager, Molecular Diagnostics and Research, State Hygienic Laboratory at the University of Iowa

The Iowa Department of Public Health and University Hygienic Laboratory have worked for several years to establish an influenza surveillance program that is flexible and provides real-time data. The department and UHL have worked closely with the Centers for Disease Control and Prevention and county-level health agencies to create a program that will appropriately characterize influenza activity. The foundation of this program evolved throughout the influenza pandemic of 2009, and discovery of what worked and what did not often involved collaboration and trial and error. Public perception and demand for

information was unlike that of any recent health event. As the pandemic subsides, it is important to take time to consider how we might conduct surveillance in future events whether routine or significant. The focus of this session will be to review the year of the pandemic, the state's influenza surveillance system, and how the structure of surveillance programs have and will change.

10. Teaching Formal Food Safety Education to the Public

Jennine Wolf, CP-FS, CEHT, Public Health Inspector, Washington County Environmental Department

Major transformations over the last 20 years have brought about changes with food safety which deserve our attention. Technology, manufacturing, and the public's lifestyle have resulted in the emergence of 14 new food borne pathogens. These constant food safety threats have prompted the provision of food inspection service in Washington County to actively search for innovative and diverse ways to teach formal food safety education to the public. Three groups that deserve our attention - daycare providers, non-profit organizations and high school students - play an important role in serving food in our community. Washington County would like to share the many lessons they have learned about working with our community to manage these issues.

11. Disability in Iowa - Health and Social Characteristics of Iowans with Disability: Analysis of the Behavioral Risk Factor Surveillance Survey, 2002-2008

Ousmane Diallo, MD, MPH, Epidemiologist, Iowa Department of Public Health

Binnie LeHew, MSW, Executive Officer, Iowa Department of Public Health

Don Shepherd, PhD, Iowa BRFSS Coordinator, Iowa Department of Public Health

Disability can be referred to as a restriction in ability to perform the major activities of life because of physical, mental, or emotional impairments or conditions. In Iowa, the adult population with disability is generally estimated at 376,000 (18%) according to the Centers for Disease Control and Prevention Behavioral Risk Factor Surveillance System. Presenters will discuss the results of the six year Behavioral Risk Factor Surveillance Survey and how disability status impacts other chronic conditions.

12. Cultivating a LEAN Culture

Bonnie Rubin, CLS, MBA, MHA, Associate Director, State Hygienic Laboratory at the University of Iowa

Lorelei Kurimski, MS, Lean Program Consultant, State Hygienic Laboratory at the University of Iowa

This presentation will focus on why an agency should adopt Lean principles. Lean is a quality management philosophy aligning people and systems at all levels to improve efficiency, eliminate non-value added streams, and create more effective work processes. In this time of economic restraints, organizations need to operate as cost effectively as possible while sustaining current service and enhancing requested services. Participants will learn how to identify system waste and improve their value streams. An overview of Lean concepts will be presented. University Hygienic Laboratory (UHL) will share real-life applications of Lean. Outcomes and performance measures will be discussed. The role of the Lean Champion and the value of Lean training as part of an organization's transformation will also be covered.

13. ACHIEVE Communities Trying to Build Healthier Communities Through Policy and Partnerships

Angela Landeen, MS, CHES, CPH, Executive Director, South Dakota Public Health Association

What does ACHIEVE mean and how can we all strive to achieve better community health through environmental and policy changes? The purpose of Action Communities for Health, Innovation, and EnVironmental ChangE (ACHIEVE) through South Dakota, Iowa and other state grantees, is to bring together local leaders and stakeholders to build healthier communities by promoting policy, systems, and environmental change strategies that focus on physical activity, nutrition, tobacco cessation, obesity, diabetes and cardiovascular disease. ACHIEVE is an innovative approach that brings together all sectors of a community to spur policy change toward prevention of chronic diseases. ACHIEVE fosters collaborative partnerships between city and county health officials, city and county government, tribal programs, parks and recreation departments, local YMCAs, local health-related coalitions, and other representatives from the school, business, health, and community sectors.

2:30-3:30 CONCURRENT SESSION III

14. Youth Suicide Prevention: A Community Campaign to Build Resilient Kids

Christoffer Frantsvog, MPA, Public Health Planner, Polk County Health Department

When four current or former Southeast Polk School District students died by suicide within seven months in 2008, the district reached out to their county health department for leadership and guidance. Polk County Health Department provided an essential organizing and coordinating role. County health departments are uniquely equipped to organize a community-based suicide prevention initiative. They regularly engage and leverage a range of community partners and resources in solving problems and protecting people from health hazards. This presentation will show how a county health department can provide the necessary leadership and guidance to a community, and illustrate several other ways for new suicide prevention initiatives to mobilize community support.

15. Rural Rocks! Strategies and Solutions for Health Care Disparity in Rural and Underserved Iowa

Gloria Vermie, RN, MPH, Director, Rural Health, Iowa Department of Public Health

David Fries, BS, Executive Director, Iowa Prescription Drug Corporation

Cheryll Jones, BSN, ARNP, Health Services Coordinator, Ottumwa Regional Center of Child Health Specialty Clinics

Eighty nine of Iowa's 99 counties are rural; within areas of the 10 remaining urbanized counties there are farms, small towns low access roadways and a rural existence. Sixty two percent of residents age 65 and older reside in rural areas. Rural counties fare worse on many measures of health compared to the state average. Rural Iowans experience higher rates of chronic disease and mortality, and lower rates of physician availability. This presentation will focus on current facts, practices, and challenges and will pursue the need for continued vital partnerships to address the question: How can we continue to best ensure health care access for rural and underserved Iowans?

16. The Iowa Healthy Communities Wellness Initiative Program

Catherine Lillehoj, PhD, Research Analyst, Iowa Department of Public Health

In Iowa and across the U.S., the chronic disease epidemic has exploded in the past three decades. The chronic disease prevalence rate is so high that it may reduce the life expectancy of today's generation of children and diminish the overall quality of their lives. Given the prevalence of chronic diseases, it is important to promote healthy behaviors for all Iowans. The

Iowa Healthy Communities Wellness Initiative Grant Program (CWG) provides resources to implement local health improvements through prevention and wellness promotion strategies. Through CWG, communities create partnerships of diverse entities that focus attention and resources on improving the health and quality of life for all citizens. Examples of CWGs in Iowa communities that focus on county-level comprehensive programming health promotion activities will be presented. Each example will identify evidence-based strategies.

17. Healthy Polk 2020: Building a Community-Owned Agenda

Rick Kozin, MA, Program Manager, Health Planning and Education, Polk County Health Department

Every ten years the Polk County Health Department facilitates a community planning process to identify health priorities. Compared to the Healthy Polk 2010 planning process, the process to develop Healthy Polk 2020 was designed to: broaden the level of community input in the planning process, increase community participation in the final choice of priorities and recruit more community partners to "sponsor" the process. The culmination of the process was a "community caucus". This presentation will review: 1. the year-long process to design the planning process, 2. the organization of the planning committee, 3. outreach to organizational sponsors, 4. elements of the media campaign, 5. community conversations, 6. agenda for the community caucus, and 7. the final product: Healthy Polk 2020 plan

18. Dental Therapists and the Minnesota Model

Sheila Riggs, DDS, DMSc, Chair, Department of Primary Care, University of Minnesota School of Dentistry

In 2009, the Minnesota State Legislature enacted a bill that created a new member of the dental team, the Dental Therapist. The legislation determined the level of professional supervision, the scope of practice, the practice settings envisioned, and the educational requirements for this new type of provider. The University of Minnesota School of Dentistry executed a number of steps to create the curriculum, an admissions process, and a budget stream to launch the education of the first class of dental therapists in the fall of 2009. This presentation will provide an in-depth look at the legislation, details of the Dental Therapy Program offered by the University of Minnesota, a profile of the first class of students, and real time reflections from the academic leader of the program.

19. Shaken Baby Syndrome Prevention in Iowa

Resmiye Oral, Director, Child Protection Program, Associate Professor of Pediatrics, The University of Iowa, Department of Pediatrics

During this presentation, the presenter will outline the mechanisms, characteristics, and outcome of Shaken Baby Syndrome as well as what prevention programs are being developed across the nation. In this context, discussions regarding the Dias model and "Period of PURPLE Crying" model which has been accepted to be the statewide model for Iowa, will be discussed.

20. A Good Meal Gone Bad

Michael Pentella, PhD, D(ABMM), State Hygienic Laboratory at the University of Iowa

One of the major public health problems that continually presents itself is foodborne illness. The wide variety and number of pathogens, differing incubation periods and numerous potential food sources make these investigations a true challenge. There are also different laboratory methods used depending on the suspected pathogen. Prevention is extremely important since these pathogens are contagious. This presentation is designed as a case study and will examine the investigation of three different foodborne pathogen outbreaks. This presentation will be an interactive session where participants will be able to test their knowledge of gastrointestinal pathogens.

21. Poster Session Roundtables

This fast-paced session offers a more in-depth discussion with some of the poster presenters. Groups will listen to presenters for 10 minutes then switch to another table for the next “round”.

3:30-3:45 NETWORKING BREAK

3:45-4:45 CONCURRENT SESSION IV

22. Iowa Youth Survey: Present and Future

Linda McGinnis, BA, CPS, Substance Abuse Prevention Consultant, Iowa Department of Public Health

Suzu Hedden, BS, Evaluation Coordinator, Iowa Consortium for Substance Abuse Research and Evaluation

This presentation will demonstrate state level trend data and other information from the 2008 Iowa Youth Survey. Attendees will be given a brief history of the Iowa Youth Survey and important changes to the survey for 2010. The trend analysis segment will include information about understanding what the trends indicate as well as how the reports were generated by the Iowa Consortium for Substance Abuse Research and Evaluation.

23. Iowa Healthy Links, Put Life Back in Your Life

Ann Pavkov, RN, Nursing Director, Mills County Public Health

Anne Smith, LBSW, Home Care Aide Director, Mills County Public Health

Chronic Disease Self Management Program (CDSMP) is an evidence based program developed by Stanford University. In a 5-year research project, CDSMP was evaluated in a randomized study involving more than 1000 subjects. This study found that people who took the program when compared with people who did not take the program, improved their healthful behaviors, (exercise, cognitive symptom management, coping and communications with physicians), improved their health status (self reported health, fatigue, disability, social/role activities and health distress), and decreased their days in the hospital. With the assistance of an IDPH Community Wellness Grant, Mills County Public Health has implemented CDSMP in their small, rural county. Barriers and success stories will be presented as well as a sample workshop session.

24. Forming a Community Ethics Committee

Jane Sherman, RN, MSN, Executive Director - Community Health, Regional Medical Center

Joann Boyer, RN, MSN, Home Care Nurse, Palmer Homecare

In response to Dr. Quinlisk’s September, 2007, charge to all Iowa counties to form a community ethics committee, Delaware County Public Health (DCPH) formed the Delaware County Community Ethics Taskforce in July 2009. This presentation will outline the process used by DCPH to form and educate a community ethics committee in a rural county, the problems encountered, and the advantages of having a community ethics committee in your community during a public health disaster situation.

25. Pandemic Influenza H1N1: a Public Health Laboratory Perspective

Lucy DesJardin, PhD, Program Manager, Molecular Diagnostics and Research, State Hygienic Laboratory at the University of Iowa

Sandy Jirsa, Supervisor of Virology and Molecular Biology, State Hygienic Laboratory at the University of Iowa

On June 11, 2009, the World Health Organization (WHO) declared the onset of the first influenza pandemic since 1968. Accurate laboratory diagnostics played a critical role in characterizing case presentation, epidemiology, and distribution of lab-confirmed cases. By July 24, 2009, the WHO and CDC (Centers for Disease Control & Prevention) had determined that the H1N1 virus was actively and widely circulating. The role of public health laboratory testing was shifted from a diagnostic focus to essential surveillance activities. The H1N1 virus currently results

in mild to moderate disease, and a relatively low mortality rate, however, with its widespread circulation, there is the real potential for another genetic recombination event to occur that would lead to a more virulent virus, resistance to Oseltamivir, and genetic drift from the vaccine strain. This session will describe the role of a state public health laboratory in influenza diagnostics and surveillance, will describe the various types of tests used for diagnosis, and current surveillance activities.

26. Empowering Families of CYSHCN – How Will Iowa’s Family to Family Health Information Center (F2F HIC) Assist?

Vicki Hunting, BA, Project Coordinator, Family to Family Health Information Center, Child Health Specialty Clinics, University of Iowa

Barbara Khal, MA, Director, Division of Public Health, Child Health Specialty Clinics, University of Iowa

On June 1, 2009, Iowa was awarded a federal grant from Health Resources and Services Administration (HRSA)/Maternal Child Health Bureau (MCHB) to establish a Family to Family Health Information Center (F2F HIC) for the state. The purpose of the F2F HIC is: 1. To develop a comprehensive health information center providing families of Children and Youth with Special Health Care Needs (CYSHCN) with the information they need so they can make the best choices for their child, 2. To help special needs children maintain health by promoting regular medical care, and 3. To help families make the most of the health benefits that are available for special needs children. This session will inform participants about how Iowa will implement the F2F HIC to benefit families.

27. Using the Tools of Continuous Improvement in Public Health (90-minute session)

Gary Nesteby, Executive Director, Iowa Quality Center

This highly interactive experience will introduce attendees to quality tools that are instrumental in the recognition of continuous improvement projects as well as the prioritization process. The session will also introduce the use of an Interrelationship Diagram that will allow a systems perspective of the drivers and outcomes of any project.

28. Advanced Practice Centers: Solutions to Enhance the Capabilities of the Public Health Systems to Prepare for, Respond to, and Recover from Public Health Emergencies (90-minute session)

Beth McGinnis, MPH, Multnomah County Health Department, Portland, OR

Rachel Margolis, MPH, NACCHO, Washington D.C.

The National Association of County and City Health Officials’ (NACCHO) Advanced Practice Centers (APCs) Program is a network of eight local health departments (LHDs) geographically situated across the United States. The mission of this network is to advance the field of public health preparedness by developing and promoting cutting-edge tools and resources that can be tailored to fit any community’s preparedness planning needs. This session will showcase the range of APC tools available at no cost to local health departments as well as highlight the impact that the program has had on communities nationwide. During this interactive presentation participants will be provided with the unique opportunity to access resources to improve their workforce preparedness; enhance response capabilities and capabilities to chemical, radiological, and biological agents; optimize medical surge capacity; enhance mass fatality management; and strengthen the public health infrastructure.

5:30 85TH ANNIVERSARY OF IPHA AND 2010 AWARDS AT REIMAN GARDENS (BUFFET DINNER, MUSIC, AWARDS AND MORE)

Wednesday, April 14

- 7:15** IPHA PAST PRESIDENTS BREAKFAST
- 7:30** REGISTRATION & CONTINENTAL BREAKFAST
- 8:00-9:00** MISS IOWA 2009 ANNE MICHAEL LANGGUTH; CREATING PATHWAYS FOR PUBLIC HEALTH WORKFORCE DEVELOPMENT

PLENARY SESSION: REAL-TIME LEGAL RESPONSES TO H1N1 INFLUENZA AND OTHER PUBLIC HEALTH EMERGENCIES
James G. Hodge Jr., JD, LLM, Lincoln Professor of Health Law and Ethics, Faculty Fellow, Center for Law, Science & Innovation, Sandra Day O'Connor College of Law, Arizona State University
- 9:00-9:15** NETWORKING BREAK
- 9:15-10:15** CONCURRENT SESSION V

29. Voluntarism in Public Health Emergencies

James G. Hodge Jr., JD, LLM

Building on the lessons from Professor Hodge's plenary session, this concurrent session specifically examines the emergency legal environment concerning the deployment and use of volunteer health practitioners (VHPs) in real-time emergencies. Distinct legal issues confront VHPs and the entities that send or host them during emergencies to meet patient surge capacity. In this session, Professor Hodge will identify and offer legal solutions to multiple legal issues that arise concerning the role of VHPs in emergencies.

30. Getting from What We Know to What We Do through Public Health Research and Practice: Academic-Community Partnerships to Combat Childhood Obesity

Theresa Armstead, PhD, Assistant Professor, Department of Community and Behavioral Health, Assistant Director, Prevention Research Center

Helena Laroche, MD, Assistant Professor, Departments of Internal Medicine and Pediatrics, Co-Investigator, Prevention Research Center

Kate Anderson, Former President, Muskie Boosters, Community Partner

The presentation will cover two community-based participatory projects in Muscatine, Iowa: "Promoting Health and Reducing Obesity in Children: Building National Models for Community-Based Programs" and "Child Obesity Prevention: Improving the Nutritional Environment at School Sporting Events." Each project involved extensive collaboration and data collection. The process, barriers and results of each project will be discussed.

31. We Can Get Through This Together: An Overview of Iowa's Substance Abuse Disaster Relief Project

Julie Hibben, LMSW, CPS, Prevention Consultant, Iowa Department of Public Health

Gloria Scholl, MA, LMFT, Senior Area Contract Manager, Magellan Health Services

Iowa's natural disasters in 2008 greatly impacted many communities. Research shows that disaster-related substance abuse problems may not surface until 6-18 months after the event. This presentation will provide an overview of the disaster relief substance abuse prevention and treatment project implemented through the Iowa Department of Public Health's Division of Behavioral Health. A critical aspect for the success of this funding mechanism was the relationships that were fostered throughout communities in Iowa. The entire networking process will be discussed as providers of services "found" each other and united to get through the effects of this disaster. Effective prevention and treatment services, the project media campaign and statewide resources will also be discussed.

32. **By George, We've Done It: Making Quality Improvement Work in Iowa!**

Kevin Grieme, Health Planner/Development Coordinator, Siouxland District Health Department

Sheri Bowen, Administrator, Mills County Public Health

Lisa Swanson, Public Health Systems Analyst, Black Hawk County Health Department

The implementation of quality improvement activities strengthens the ability of the public health system to promote and protect the health of Iowans. Iowa is one of 16 states to receive funds from the Robert Wood Johnson Foundation (RWJF) to implement quality improvement activities across the state. This session will highlight the work of quality improvement mini-collaboratives in Iowa. During the session, three local mini-collaborative members will share their experiences in forming quality improvement teams and using quality improvement methods to help develop a standardized health snapshot. The overall findings of the quality improvement project will also be shared, along with strategies and resources to make quality improvement in public health work.

33. **Community Health Centers: How CHCs Have Raised the Bar in Clinical Outcomes**

Kate Burgener, MPH, Program Manager, Iowa/Nebraska Primary Care Association

Becky Simer, RN, BS, CPHQ, Network Performance Improvement Manager, Iowa/Nebraska Primary Care Association

Iowa is home to 13 Federally Qualified Health Centers (FQHCs) and one state funded Community Health Center (CHC). These 14 centers with more than 74 delivery sites provide services to 137,830 unduplicated patients who receive 488,598 visits annually (UDS, 2008). This session will provide an overview of the history of CHC in the US and Iowa, CHC financing mechanisms, CHC cost effectiveness, the role CHCs have in Iowa's "safety net," the demographics and unique challenges of people who receive services at Iowa's CHCs, and the role CHCs will have in future health care reform and health information technology. Emphasis will be placed on federally required data collection at all CHCs including demographics, finances, operations, and clinical outcomes.

34. **Targeting Disease Using Environmental Histories**

Kathy Leinenkugel, MPA, REHS, Community Health Consultant, Iowa Department of Public Health

Peg Buman, RN, Community Health Consultant, Iowa Department of Public Health

Taking a good environmental history is a critical first step for use in addressing health conditions that may be associated with environmental exposures. However, few health care or public health providers are trained in environmental and occupational history taking. In this session, public health workers will learn the basics of taking an environmental exposure history and why it is an important tool for use during case management, risk assessment, intervention planning, and community health evaluation. Case study examples will be used to guide discussion, demonstrating ways participants can incorporate environmental histories into their own program areas.

35. **The Role of Disease-Based Surveillance Systems in Public Health Planning and Practice**

Paul A. Romitti, PhD, Associate Professor, Department of Epidemiology, Director, Iowa Registry for Congenital and Inherited Disorders, The University of Iowa College of Public Health

This session will provide an overview of the history of public health surveillance, describe the needed attributes and infrastructure for establishing a surveillance system, describe potential uses of surveillance data, and discuss potential barriers to collection and full utilization of surveillance data applications. Examples from successful, ongoing surveillance systems in Iowa will be highlighted.

36. Poster Roundtables

This fast-paced session offers a more in-depth discussion with some of the poster presenters. Groups will listen to presenters for 10 minutes then switch to another table for the next "round".

**10:15-10:30 NETWORKING BREAK
POSTER SESSIONS**

10:30-11:30 CONCURRENT SESSION VI

37. Making a Difference with Medicaid Prenatal Care Coordination and Maternal Health Services

Debra Kane, PhD, RN, MCH Epidemiologist, Iowa Department of Public Health-Bureau of Family Health

Stephanie Trusty, RN, Maternal Health Consultant, Iowa Department of Public Health-Bureau of Family Health

Jennifer Thorud, MPH, Graduate Intern, Iowa Department of Public Health-Bureau of Family Health

The goal of prenatal care coordination (PCC) provided through Title V maternal health services is to promote early initiation of prenatal care and healthful behaviors during pregnancy, to identify women at increased risk for adverse birth outcomes, and to improve birth outcomes among Medicaid recipients. The linked file of Medicaid claims data with birth certificate data, and the Women's Health Information System provides a rich source of information that we can use to evaluate services to pregnant Medicaid recipients. In this session, participants will learn how we analyzed these data to examine pregnant Medicaid recipients' use of PCC.

38. Wanted: A Public Health Workforce

Beth Hochstedler, BS, Training & Outreach Coordinator, State Hygienic Laboratory at the University of Iowa

Pamela Mollenhauer, BA, Training, Education & Outreach

Representative, State Hygienic Laboratory at the University of Iowa

Public health faces a national workforce crisis, with an estimated 250,000 job vacancies by 2020. As public health professionals, what can each of us do to help build the future workforce? This interactive session will give participants examples of strategies for planning, partnering and promoting public health careers. They will experience a new interactive recruitment tool called "Did You See That?" which could be used as a model in attracting and recruiting the future public health workforce. This session will conclude with audience participation, success stories, questions and answers.

39. Health IT – Impact and Opportunity for Public Health

Leslie Grefe, Iowa e-Health Program Manager, Iowa Department of Public Health

Kory Schnoor, Iowa e-Health Program Coordinator, Iowa Department of Public Health

Technology used to support health-related functions is broadly known as health information technology (health IT). Collecting health data in an electronic health record (EHR) and developing a health information exchange (HIE) to share data among health care providers allows access to real-time health information. The availability of real-time health information helps providers make the best health care decisions, provides consumers with continuity of care regardless of the provider they visit, and enhances population health through use and analysis of the data collected. This session provides an introduction to Iowa's statewide plan for health IT. The session will explain basic health IT terminology, describe the state and national planning approach and progress made to date, and clarify expectations and opportunities for public health as the statewide HIE becomes operational.

40. Reducing Childhood Obesity and Improving Wellness

Linda Snetselaar, RD, PhD, LD, Interim DEO, Community and Behavioral Health, Professor in Epidemiology, Director, Nutrition Center, College of Public Health, The University of Iowa

This presentation provides a description of potential strategies to decrease childhood obesity and increase wellness. Included are a study of children with elevated cholesterol levels and preliminary data from a follow-up of these children now in their twenties. A description of a school focused study will be given, including three-year assessment and implementation phases. Finally a pediatric clinic study report in children between the 85th and 97th BMI percentile will be presented. Ideas for strategies using motivational interviewing will be presented.

41. Taste of Leadership: Shaping the Healthiest State in the Nation

Magda Peck, ScD, Associate Dean for Community Engagement and Public Health Practice, University of Nebraska Medical Center, College of Public Health

Brandon Grimm, MPH, Public Health Practice Coordinator, Great Plains Public Health Leadership Institute, University of Nebraska Medical Center, College of Public Health

Leadership development is a cornerstone strategy for building the future public health workforce in Iowa. Having effective leaders at all levels throughout Iowa's public health system fundamentally fuels the essential engines of change: innovation, partnerships, and accountability. This session will underscore the evidence/research base of public health leadership development, highlight existing best practices for leadership development, and challenge participants to heed the call to leadership. It also models collaborative leadership and invites full participation in leadership development for all, as a primer for future opportunities.

42. Beyond Reducing Reader Burden: Effective Methods for Communicating with Patients with Low Health Literacy and Numeracy

Susan Roberts-Dobie, PhD, CHES, Assistant Professor, University of Northern Iowa

Elana Joram, PhD, Professor, University of Northern Iowa

Health literacy and numeracy are critical for patients/clients to understand health materials. In response to the recognition that a large segment of the U.S. population does not have a proficient level of health literacy and numeracy, guidelines that support the creation of or the editing of written health education materials to reduce reader burden are now well established. So what's next? How can we get even better at delivering health information to all patients/clients, but especially to those who have low health literacy and numeracy? In this presentation, we focus on ways to improve communication with patients/clients by either: 1) enhancing traditional texts by providing support for reader comprehension of both prose and quantitative information; or 2) bypassing traditional written texts, by using other media such as photonovelas, picture guides, diagrams, DVDs, CDs, radio serials, or cartoons.

43. Harmful Algal Blooms: Testing and Surveillance

Peg Buman, RN, BSN, Community Health Consultant, Iowa Department of Public Health

Eric O'Brien, MS, Section Supervisor and Research Biologist, Iowa Department of Natural Resources

Pond scum, or blue green algae, is commonly found in freshwater lakes and reservoirs throughout Iowa and the world. Certain conditions can cause blue green algae to proliferate and produce toxins called cyanobacteria. The cyanobacteria released from these harmful algal blooms can cause illnesses in both people and animals. In 2009, the Iowa Department of Public Health and the Iowa Department of Natural Resources initiated a program to monitor Iowa's recreational waters for the presence of cyanobacterial harmful algal blooms. Iowa's surveillance program also collects information from cases of human and animal exposure to microcystin, the most common toxin associated with cyanobacterial harmful algal blooms. Participants will gain an understanding about the occurrence of toxic algae blooms in Iowa's recreational waters and their impact on human health. Public Health workers will be prepared to assist in reporting potential harmful algal blooms and microcystin poisoning.

- 11:30-1:00** **LUNCH**
 IPHA Annual Meeting
 hawk-i Outreach Task Force Meeting
- 12:15-1:00** **POSTER SESSIONS**
- 1:00-2:00** **CONCURRENT SESSION VII**

44. Unnatural Causes: Is Inequality Making us Sick?

Binnie LeHew, MSW, Executive Officer, Iowa Department of Public Health

This session will be a moderated discussion based on the 7-part documentary series with the same title. (The series will be broadcast throughout the first day of the conference to allow conference participants to view one or more of the 30-minute segments in preparation for the workshop. You can visit www.unnaturalcauses.org for more information.) The focus of discussion will be to engage local and state public health partners in examining the issue of the social determinants of health and the impact they have across all public health program areas – maternal and child health, injury prevention, chronic disease, environmental health and others. By also relating the social determinants to the core functions of public health (assessment, policy development, assurance), public health workers will be challenged to identify steps that can be taken in these areas to begin to address these health inequities.

45. Being a Role Model for School Wellness

Carrie Scheidel, MPH, Team Nutrition Co-Director, Iowa Department of Education

Patti Delger, RD, LD, Team Nutrition Co-Director, Iowa Department of Education

Jennifer Neal, Healthy Kids Act Co-Director, Iowa Department of Education

Adults by their actions serve as role models to students often without realizing it. School personnel, parents, and other adults that students come in contact with are powerful role models when it comes to nutrition and physical activity. Students joining adults in action will support the district's wellness environment. The Healthy Kids Act creates an opportunity for adults to be a role model for school wellness. Resources will be shared for participants to communicate with school staff and parents in their district about role modeling and the Healthy Kids Act.

46. Preparing Your Community to Support Military Families

Chris Gleason, MPA, CHES, Iowa State University Extension 4-H Program Specialist/Operation, Military Kids Project Director, Iowa State University

Tanja Duffey, MS, NCC, LMHC, Joint Family Support Assistance Program (JFSAP), Military Family Life Consultant, Iowa National Guard Joint Forces Headquarters

Over 10,000 Iowa children with a parent or step-parent serving in the military have been affected by deployment. Many more are affected by the deployment of caring adults in their lives. Stress associated with multiple deployments has seriously affected the psychosocial health of children and their families. Military families in Iowa are geographically dispersed and do not have the support resources typically found at military installations. These families need the help of community based support networks to serve them where they live. Health professionals, school professionals, and community organizations are key to developing these community based support networks. Learn how deployment affects Military Families in your communities, how to connect to agencies that support Military Families, and where to find free resources and training to support military kids and families.

47. Geographic Information Systems - Public Health Applications

Lisa Swanson, BA, Public Health Systems Analyst, Black Hawk County Health Department

The presentation will consist of several examples of how geographic information systems can be used in public health applications on the local and state level. We will cover a variety of agency projects to give a general overview of the value that spatial technology brings to the field of public health.

48. Preparation for Accreditation - What Should I be Doing?

Joy Harris, MPH, Modernization Coordinator, Iowa Department of Public Health

Hear about the most recent information on Iowa's voluntary accreditation system and the national voluntary accreditation system and participate in a discussion of what it means to be accredited and benefits of accreditation. Learn about activities to assess readiness for accreditation or to implement quality improvement practices into gaps that have been previously identified. The presenter will give examples of work that has taken place in Iowa, and in other states.

49. Advocacy in the Iowa Public Health Association; How it Works, How You Can Help!

Pam Diechman, RN, MPH, Bureau Chief, Iowa Department of Public Health

Sally Clausen, ARNP, BSN, Community Health Consultant, Iowa Department of Public Health

Each year during the Congressional summer recess, the Iowa Public Health Association meets with Iowa's five Congressmen and two Senators. In the late summer state legislative policy concerns and funding requests are solidified for the upcoming legislative session. Come learn how the conversation points are developed for the Congressional visits; and exactly how the State Public Health priorities are being determined. In addition, two success stories from IPHA members who were able to influence their elected officials will be shared. This session will conclude with best communication practices for you as a public health advocate.

2:00-2:15 NETWORKING BREAK

2:15-3:15 PLENARY SESSION: PERSONAL STRATEGIC PLANNING: A PARADIGM SHIFT TO IMPROVE EFFECTIVENESS

Russ Currier, DVM, MPH

3:15 CLOSING/ADJOURN

2010 Iowa Governor's Conference on Public Health Registration

Register Online at www.iowapha.org then click on EVENTS

REGISTRATION DEADLINE: MONDAY, APRIL 5

Name _____

Employer/Organization _____

Mailing address _____

City _____ State _____ Zip _____

Daytime phone (____) _____ Email _____

Current member of _____ IPHA _____ IEHA (confirmations are sent via email)

Which best describes your primary worksite? (check one)

- | | |
|--|---|
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> State Health Department |
| <input type="checkbox"/> Higher Education Institution | <input type="checkbox"/> Public Health Nursing Agency |
| <input type="checkbox"/> Environmental Health Department | <input type="checkbox"/> Maternal/Child Health Agency |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> Other (please specify) _____ |

Which best describes your current position in the public health/health care arena? (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrator | <input type="checkbox"/> Laboratory Personnel | <input type="checkbox"/> Program Coordinator |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Health Educator | <input type="checkbox"/> Environmental Health Specialist |
| <input type="checkbox"/> Dietitian | <input type="checkbox"/> Veterinarian | <input type="checkbox"/> Allied Health Profession (OT, PT) |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Social Worker | <input type="checkbox"/> Bd. of Health/Bd. of Supervisor |
| <input type="checkbox"/> Student | <input type="checkbox"/> Dentist/Hygienist | <input type="checkbox"/> Higher Education Faculty/Staff |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Other (please specify) _____ | |

SPECIAL ACCOMMODATIONS

Vegetarian Vegan Other, please explain _____

CONCURRENT SESSION CHOICES (LIST SESSION NUMBER)

April 13

- Session I (11:00-12:00) _____
Session II (1:15-2:15) _____
Session III (2:30-3:30) _____
Session IV (3:45-4:45) _____

April 14

- Session V (9:15-10:15) _____
Session VI (10:30-11:30) _____
Session VII (1:00-2:00) _____

REGISTRATION FEES

- | | |
|---|----------|
| <input type="checkbox"/> Early registration (postmarked by March 15) | \$130.00 |
| <input type="checkbox"/> Regular registration (postmarked March 16-April 5) | \$145.00 |
| <input type="checkbox"/> One day only _____ Tuesday _____ Wednesday | \$90.00 |
| <input type="checkbox"/> Full time student | \$55.00 |
| <input type="checkbox"/> Full time student one day only _____ Tuesday _____ Wednesday | \$30.00 |
| <input type="checkbox"/> Presenter (Speaker/Poster) - attending both days | \$90.00 |
| <input type="checkbox"/> Presenter (Speaker/Poster) - attending session only | NC |
| <input type="checkbox"/> Presenter (Speaker/Poster) - attending entire day of presentation
_____ Tuesday _____ Wednesday | NC |
| <input type="checkbox"/> Conference Sponsor _____ Gold _____ Silver | NC |
| <input type="checkbox"/> IPHA 85th Anniversary Celebration | \$25.00 |

Total Enclosed _____

METHOD OF PAYMENT

Check # _____ (make checks payable to IPHA) PO # _____

Credit Card (Visa, Mastercard, American Express, Discover)

Name as it appears on the card _____

Card # _____ Verification Code _____ Exp. Date _____

Billing zip code _____ Signature _____

Mail registration and payment to: IPHA, c/o Diversified Management Services,
525 SW 5th St., Suite A, Des Moines, IA 50309



FETAL ALCOHOL SPECTRUM DISORDERS (FASDs): A CALL TO ACTION

Fetal alcohol spectrum disorders (FASDs) is a term that encompasses the range of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical, mental, behavioral and/or learning problems. Often, a person with an FASD has a combination of these problems.

TYPES OF FASDs

Different terms are used to describe FASDs, depending on the type of symptoms.

Fetal Alcohol Syndrome (FAS):

FAS represents the most involved end of the FASD spectrum. Strict criteria, including all of these following findings, define this diagnosis:

- Three specific facial abnormalities (smooth philtrum, thin vermilion border, and small palpebral fissures)
- Growth deficits (e.g. lower-than-average height, weight, or both)
- Central nervous system (CNS) abnormalities (structural, neurological, functional or a combination)

Many individuals do not meet the full diagnostic criteria for FAS, but have sufficient history of prenatal alcohol exposure and/or a variety of conditions and deficits consistent with exposure. And although specific diagnostic criteria are not yet available, these children are considered to have either:

- **Alcohol-Related Neurodevelopmental Disorder (ARND):**
People with ARND might have intellectual disabilities and problems with behavior and learning.
- **Alcohol-Related Birth Defects (ARBD):**
People with ARBD might have problems with the heart, kidneys, and/or bones, as well as with hearing and/or vision.

Many children with FASDs remain undetected because there is a lack of accurate, routine screening in prenatal clinics and pediatric settings. Thus, current prevalence figures underestimate the magnitude of these disorders because of inconsistent documentation of prenatal exposures or symptoms characteristic of prenatal alcohol exposure. But studies do show that children in foster care have an increased likelihood of having an FASD.*

DIAGNOSING FASDs

Diagnosing FASDs can be difficult because there is no specific diagnostic medical test and a broad range of symptoms and signs are included under the FASD umbrella. Greater awareness and consistent screening are needed to be effective in identifying and diagnosing FASDs.

Pediatricians should consider FASDs when evaluating children with developmental problems, behavioral concerns, or school failure. These diagnoses should particularly be considered for children in foster care, especially if drug or alcohol use by a parent was a contributing factor. Like other children with complex medical or behavioral disabilities, children with FASD need a pediatric medical home to provide and coordinate care and ensure necessary medical, behavioral, social, and educational services.**

TREATMENTS

FASDs last a lifetime. There is no cure for FASDs, but research shows that early intervention and treatment can improve an affected child's development. There are many types of treatment options, including:

- medication
- behavior and education therapy
- parent training
- other alternative approaches

No one treatment is right for every child. Good treatment plans will include close monitoring, follow-up care, and changes as needed. Evidence-based interventions for children with an FASD are available. For more information about these interventions, visit www.cdc.gov/fasd.

* Astley et al., *Journal of Pediatrics*, 2002

** Gahagan et al. *Pediatrics*, 2006



COOPERATIVE AGREEMENT

FASDs is one topic area addressed as part of the *Program to Enhance the Health and Development of Infants & Children (PEHDIC)* cooperative agreement between the American Academy of Pediatrics (AAP) and the National Center on Birth Defects and Developmental Disabilities of the Centers for Disease Control and Prevention (CDC). For more information on FASDs or this program, contact Faiza Khan, MPH, Program Manager, AAP Division of Children with Special Needs at 847/434-4924 or fkhan@aap.org.

CDC REGIONAL TRAINING CENTERS

The CDC funds FASD Regional Training Centers (RTCs). The purpose of these Centers is to develop, implement, and evaluate educational curricula regarding FASD prevention, identification, and care; and to incorporate the curricula into the medical and allied health training programs at each grantee's university or college, into other schools throughout their regions, and into the credentialing requirements of professional boards.

Arctic FASD Regional Training Center

Christiane Brems, PhD, ABPP
University of Alaska Anchorage
Phone: 907-561-2880
Email: anae1@uaa.alaska.edu
Web: www.uaa.alaska.edu/arcticfasdrtc

Frontier FASD Regional Training Center

Nancy Roget, MS
University of Nevada, Reno
Technologies (CASAT)
Phone: 775-784-6265
Email: nroget@casat.org

Great Lakes FASD Regional Training Center

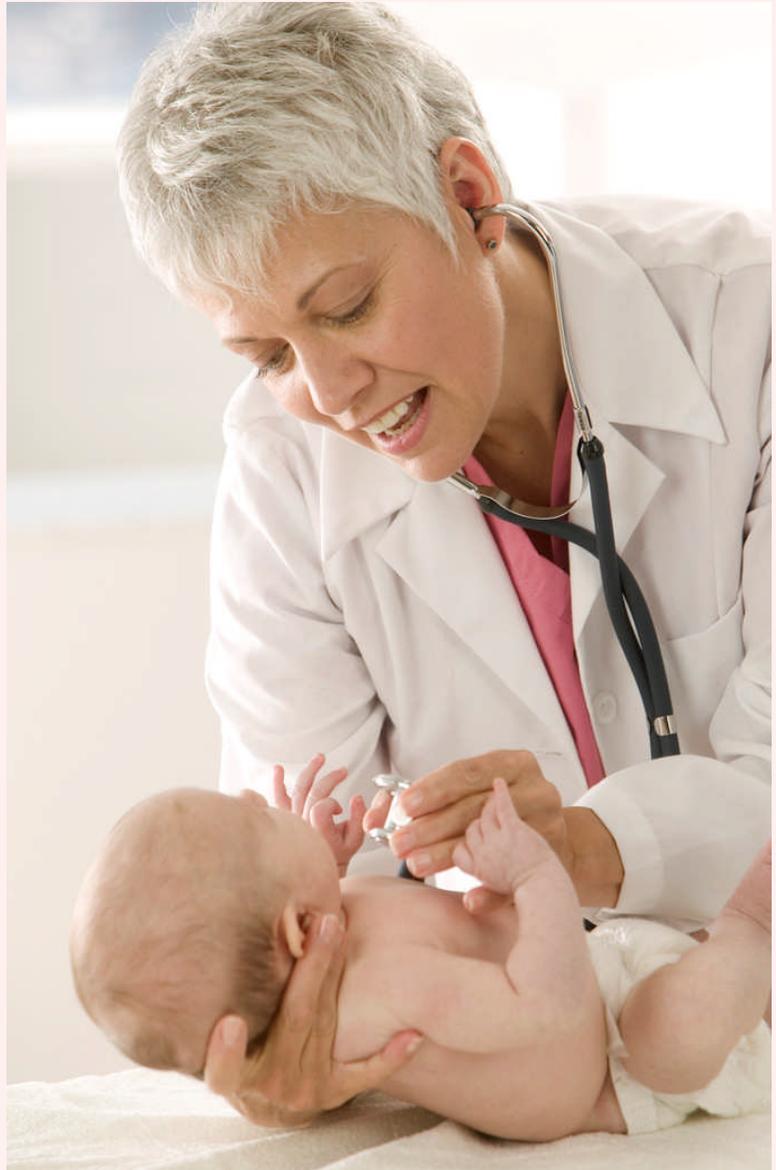
Georgiana Wilton, PhD
University of Wisconsin School of Medicine
Phone: 608-261-1419
Email: Georgiana.wilton@fammed.wisc.edu
Web: www.fasdeducation.org

Midwestern FASD Regional Training Center

Leigh Tenkku, PhD, MPH
Saint Louis University School of Medicine
Phone: 314-977-8481
Email: tenkku@slu.edu
Web: www.mrfastc.org

Southeastern FASD Regional Training Center

Roger Zoorob, MD, MPH, FAAFP
Meharry Medical College
Phone: 615-327-6572
Email: rzoorob@mmc.edu
Web: www.fasdsoutheast.org



WEB RESOURCES

National Organization on Fetal Alcohol Syndrome: www.nofas.org

Centers for Disease Control and Prevention: www.cdc.gov/fasd

National Institute on Alcohol Abuse and Alcoholism: www.niaaa.nih.gov

Substance Abuse and Mental Health Services Administration, FASD Center for Excellence: www.fasdcenter.samhsa.gov

Annual EPSDT Participation Report CMS 416
FFY 2009 By County

Co. Name	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Adair	60%	88%	67%	58%	36%	42%	88%	73%
Adams	59%	89%	81%	77%	41%	28%	32%	60%
Allamakee	67%	87%	78%	73%	38%	56%	56%	59%
Appanoose	66%	89%	70%	54%	47%	51%	94%	84%
Audubon	68%	86%	68%	77%	40%	54%	63%	120%
Benton	69%	93%	77%	71%	48%	63%	66%	56%
Black Hawk	86%	88%	84%	79%	91%	83%	107%	93%
Boone	79%	87%	82%	85%	69%	70%	74%	102%
Bremer	72%	84%	73%	72%	58%	65%	78%	97%
Buchanan	69%	87%	73%	67%	40%	61%	96%	81%
Buena Vista	74%	88%	70%	78%	64%	64%	87%	73%
Butler	72%	86%	76%	77%	58%	55%	76%	105%
Calhoun	50%	73%	76%	54%	19%	22%	42%	63%
Carroll	73%	92%	68%	76%	41%	63%	91%	125%
Cass	58%	87%	73%	60%	30%	32%	47%	87%
Cedar	67%	90%	66%	61%	54%	64%	79%	88%
Cerro Gordo	78%	86%	82%	71%	68%	71%	92%	116%
Cherokee	72%	91%	79%	88%	41%	39%	78%	126%
Chickasaw	70%	89%	74%	74%	46%	58%	70%	108%
Clarke	74%	90%	69%	68%	57%	68%	108%	79%
Clay	74%	94%	81%	73%	64%	46%	74%	115%
Clayton	70%	87%	76%	77%	51%	50%	66%	125%
Clinton	75%	93%	77%	73%	57%	54%	97%	114%
Crawford	68%	85%	65%	71%	52%	64%	70%	79%
Dallas	71%	83%	72%	69%	62%	63%	78%	106%
Davis	68%	96%	77%	52%	38%	53%	93%	145%
Decatur	53%	92%	61%	66%	31%	17%	45%	76%
Delaware	65%	84%	73%	76%	44%	46%	57%	72%
Des Moines	67%	89%	72%	63%	46%	54%	78%	90%
Dickinson	65%	87%	68%	65%	55%	43%	63%	109%
Dubuque	81%	93%	78%	76%	78%	77%	91%	99%
Emmet	67%	87%	68%	65%	42%	43%	90%	86%
Fayette	74%	88%	84%	78%	42%	59%	90%	67%
Floyd	67%	90%	70%	64%	42%	57%	71%	103%
Franklin	76%	93%	84%	72%	70%	55%	77%	120%
Fremont	79%	86%	80%	91%	56%	72%	92%	72%
Greene	62%	96%	72%	51%	54%	51%	71%	50%
Grundy	68%	88%	68%	64%	55%	51%	88%	100%
Guthrie	57%	86%	52%	55%	53%	42%	64%	113%
Hamilton	88%	94%	86%	84%	84%	71%	117%	133%
Hancock	71%	86%	77%	65%	57%	60%	93%	93%

Annual EPSDT Participation Report CMS 416
FFY 2009 By County

Co. Name	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Hardin	80%	93%	83%	82%	49%	59%	105%	119%
Harrison	67%	81%	70%	67%	56%	57%	66%	110%
Henry	79%	91%	81%	76%	64%	70%	99%	102%
Howard	78%	93%	84%	79%	69%	64%	78%	80%
Humboldt	72%	86%	81%	77%	80%	33%	65%	119%
Ida	61%	86%	67%	62%	29%	41%	84%	92%
Iowa	69%	82%	65%	66%	58%	59%	87%	117%
Jackson	82%	94%	78%	78%	69%	62%	107%	154%
Jasper	71%	94%	72%	67%	60%	63%	81%	91%
Jefferson	68%	93%	70%	63%	52%	52%	79%	100%
Johnson	83%	90%	81%	80%	80%	79%	94%	89%
Jones	73%	91%	81%	71%	48%	65%	89%	83%
Keokuk	66%	91%	68%	63%	56%	46%	73%	104%
Kossuth	65%	86%	71%	63%	55%	47%	78%	81%
Lee	81%	87%	82%	75%	68%	76%	92%	115%
Linn	81%	89%	79%	75%	77%	74%	95%	102%
Louisa	70%	96%	77%	75%	51%	56%	68%	96%
Lucas	62%	95%	72%	58%	28%	38%	82%	115%
Lyon	64%	88%	82%	73%	33%	33%	61%	89%
Madison	75%	86%	71%	74%	81%	65%	79%	106%
Mahaska	77%	95%	74%	74%	69%	60%	95%	105%
Marion	77%	93%	75%	69%	69%	64%	94%	139%
Marshall	75%	91%	84%	80%	59%	48%	79%	107%
Mills	82%	89%	78%	81%	66%	74%	106%	127%
Mitchell	63%	93%	73%	59%	41%	51%	61%	100%
Monona	65%	85%	69%	68%	52%	53%	83%	33%
Monroe	74%	91%	83%	64%	45%	47%	102%	165%
Montgomery	81%	86%	73%	77%	65%	79%	109%	135%
Muscatine	73%	92%	76%	72%	54%	55%	86%	125%
O'Brien	64%	85%	75%	60%	42%	44%	66%	95%
Osceola	65%	97%	71%	71%	53%	34%	68%	100%
Page	73%	91%	75%	64%	66%	60%	81%	103%
Palo Alto	62%	87%	73%	61%	51%	46%	47%	64%
Plymouth	73%	93%	81%	78%	51%	50%	75%	112%
Pocahontas	66%	83%	74%	71%	49%	53%	57%	77%
Polk	81%	90%	80%	75%	83%	70%	94%	109%
Pottawattamie	78%	87%	77%	72%	75%	70%	89%	111%
Poweshiek	81%	93%	78%	78%	57%	70%	115%	117%
Ringgold	65%	78%	46%	53%	62%	76%	112%	71%
Sac	59%	88%	63%	68%	40%	41%	57%	75%
Scott	67%	89%	71%	66%	51%	53%	72%	96%

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Co. Name	Total % of Children	% of Children < 1	% of Children 1 - 2	% of Children 3 - 5	% of Children 6 - 9	% of Children 10 - 14	% of Children 15 - 18	% of Children 19 - 20
Shelby	59%	91%	67%	70%	43%	26%	53%	86%
Sioux	74%	88%	81%	88%	42%	39%	80%	119%
Story	82%	88%	83%	79%	72%	74%	98%	117%
Tama	67%	89%	77%	61%	44%	48%	78%	128%
Taylor	59%	85%	65%	71%	38%	36%	56%	100%
Union	71%	89%	69%	68%	57%	59%	89%	106%
Van Buren	58%	81%	78%	59%	37%	45%	47%	45%
Wapello	74%	89%	79%	64%	56%	62%	95%	106%
Warren	72%	86%	72%	67%	59%	64%	95%	94%
Washington	83%	93%	81%	85%	70%	75%	95%	117%
Wayne	60%	84%	60%	49%	35%	52%	78%	129%
Webster	87%	93%	90%	86%	76%	83%	98%	89%
Winnebago	76%	74%	84%	75%	75%	59%	80%	112%
Winneshiek	64%	80%	80%	70%	34%	37%	73%	89%
Woodbury	71%	90%	71%	68%	61%	59%	87%	82%
Worth	78%	94%	84%	76%	51%	62%	115%	110%
Wright	86%	97%	86%	93%	73%	68%	94%	112%
State	75%	89%	77%	73%	64%	63%	88%	102%

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Black Hawk County Health Department

Black Hawk	86%	88%	84%	79%	91%	83%	107%	93%
Bremer	72%	84%	73%	72%	58%	65%	78%	97%
Buchanan	69%	87%	73%	67%	40%	61%	96%	81%
Grundy	68%	88%	68%	64%	55%	51%	88%	100%
<i>Agency Average</i>	83%	88%	82%	77%	84%	78%	103%	92%

Child Health Specialty Clinics

Fremont	79%	86%	80%	91%	56%	72%	92%	72%
Keokuk	66%	91%	68%	63%	56%	46%	73%	104%
Mills	82%	89%	78%	81%	66%	74%	106%	127%
Pottawattamie	78%	87%	77%	72%	75%	70%	89%	111%
Wapello	74%	89%	79%	64%	56%	62%	95%	106%
<i>Agency Average</i>	77%	88%	78%	70%	68%	67%	90%	108%

Community Opportunities

Audubon	68%	86%	68%	77%	40%	54%	63%	120%
Calhoun	50%	73%	76%	54%	19%	22%	42%	63%
Carroll	73%	92%	68%	76%	41%	63%	91%	125%
Dallas	71%	83%	72%	69%	62%	63%	78%	106%
Greene	62%	96%	72%	51%	54%	51%	71%	50%
Guthrie	57%	86%	52%	55%	53%	42%	64%	113%
Sac	59%	88%	63%	68%	40%	41%	57%	75%
<i>Agency Average</i>	66%	86%	69%	66%	50%	53%	71%	97%

Crawford County Home Health & Hospice

Cass	58%	87%	73%	60%	30%	32%	47%	87%
Crawford	68%	85%	65%	71%	52%	64%	70%	79%
Harrison	67%	81%	70%	67%	56%	57%	66%	110%
Monona	65%	85%	69%	68%	52%	53%	83%	33%
Shelby	59%	91%	67%	70%	43%	26%	53%	86%
<i>Agency Average</i>	64%	86%	68%	68%	47%	48%	64%	83%

Grinnell Regional Medical Center

Jasper	71%	94%	72%	67%	60%	63%	81%	91%
Mahaska	77%	95%	74%	74%	69%	60%	95%	105%
Poweshiek	81%	93%	78%	78%	57%	70%	115%	117%
<i>Agency Average</i>	75%	94%	74%	71%	62%	64%	92%	102%

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Hawkeye Area Community Action Program

Linn	81%	89%	79%	75%	77%	74%	95%	102%
Jones	73%	91%	81%	71%	48%	65%	89%	83%
<i>Agency Average</i>	80%	89%	80%	75%	75%	73%	95%	101%

Johnson County Department of Public Health

Iowa	69%	82%	65%	66%	58%	59%	87%	117%
Johnson	83%	90%	81%	80%	80%	79%	94%	89%
<i>Agency Average</i>	81%	89%	79%	78%	77%	76%	93%	92%

Lee County Health Department

Davis	68%	96%	77%	52%	38%	53%	93%	145%
Des Moines	67%	89%	72%	63%	46%	54%	78%	90%
Jefferson	68%	93%	70%	63%	52%	52%	79%	100%
Lee	81%	87%	82%	75%	68%	76%	92%	115%
Van Buren	58%	81%	78%	59%	37%	45%	47%	45%
<i>Agency Average</i>	71%	89%	76%	66%	53%	60%	87%	101%

Marion County Public Health

Appanoose	66%	89%	70%	54%	47%	51%	94%	84%
Clarke	74%	90%	69%	68%	57%	68%	108%	79%
Decatur	53%	92%	61%	66%	31%	17%	45%	76%
Lucas	62%	95%	72%	58%	28%	38%	82%	115%
Marion	77%	93%	75%	69%	69%	64%	94%	139%
Monroe	74%	91%	83%	64%	45%	47%	102%	165%
Warren	72%	86%	72%	67%	59%	64%	95%	94%
Wayne	60%	84%	60%	49%	35%	52%	78%	129%
<i>Agency Average</i>	69%	90%	71%	64%	52%	54%	89%	107%

MATURA Action Corporation

Adair	60%	88%	67%	58%	36%	42%	88%	73%
Madison	75%	86%	71%	74%	81%	65%	79%	106%
Ringgold	65%	78%	46%	53%	62%	76%	112%	71%
Union	71%	89%	69%	68%	57%	59%	89%	106%
<i>Agency Average</i>	70%	86%	66%	66%	62%	60%	88%	97%

Mid-Iowa Community Action

Benton	69%	93%	77%	71%	48%	63%	66%	56%
Boone	79%	87%	82%	85%	69%	70%	74%	102%
Hardin	80%	93%	83%	82%	49%	59%	105%	119%
Marshall	75%	91%	84%	80%	59%	48%	79%	107%
Story	82%	88%	83%	79%	72%	74%	98%	117%
Tama	67%	89%	77%	61%	44%	48%	78%	128%
<i>Agency Average</i>	77%	90%	82%	78%	60%	60%	83%	105%

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Mid Sioux Opportunity, Inc.

Cherokee	72%	91%	79%	88%	41%	39%	78%	126%
Ida	61%	86%	67%	62%	29%	41%	84%	92%
Lyon	64%	88%	82%	73%	33%	33%	61%	89%
Plymouth	73%	93%	81%	78%	51%	50%	75%	112%
Sioux	74%	88%	81%	88%	42%	39%	80%	119%
Agency Average	71%	89%	80%	81%	42%	42%	76%	112%

North Iowa Community Action Organization

Butler	72%	86%	76%	77%	58%	55%	76%	105%
Cerro Gordo	78%	86%	82%	71%	68%	71%	92%	116%
Floyd	67%	90%	70%	64%	42%	57%	71%	103%
Franklin	76%	93%	84%	72%	70%	55%	77%	120%
Hancock	71%	86%	77%	65%	57%	60%	93%	93%
Kossuth	65%	86%	71%	63%	55%	47%	78%	81%
Mitchell	63%	93%	73%	59%	41%	51%	61%	100%
Winnebago	76%	74%	84%	75%	75%	59%	80%	112%
Worth	78%	94%	84%	76%	51%	62%	115%	110%
Agency Average	73%	87%	78%	69%	60%	61%	84%	108%

Scott County Health Department

Scott	67%	89%	71%	66%	51%	53%	72%	96%
Agency Average	67%	89%	71%	66%	51%	53%	72%	96%

Siouxland Community Health Center

Woodbury	71%	90%	71%	68%	61%	59%	87%	82%
Agency Average	71%	90%	71%	68%	61%	59%	87%	82%

Taylor County Public Health

Adams	59%	89%	81%	77%	41%	28%	32%	60%
Montgomery	81%	86%	73%	77%	65%	79%	109%	135%
Page	73%	91%	75%	64%	66%	60%	81%	103%
Taylor	59%	85%	65%	71%	38%	36%	56%	100%
Agency Average	73%	89%	74%	71%	58%	59%	83%	109%

Unity Health System

Cedar	67%	90%	66%	61%	54%	64%	79%	88%
Louisa	70%	96%	77%	75%	51%	56%	68%	96%
Muscatine	73%	92%	76%	72%	54%	55%	86%	125%
Agency Average	72%	92%	75%	70%	53%	56%	82%	117%

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Upper Des Moines Opportunities, Inc.

Buena Vista	74%	88%	70%	78%	64%	64%	87%	73%
Clay	74%	94%	81%	73%	64%	46%	74%	115%
Dickinson	65%	87%	68%	65%	55%	43%	63%	109%
Emmet	67%	87%	68%	65%	42%	43%	90%	86%
O'Brien	64%	85%	75%	60%	42%	44%	66%	95%
Osceola	65%	97%	71%	71%	53%	34%	68%	100%
Palo Alto	62%	87%	73%	61%	51%	46%	47%	64%
Pocahontas	66%	83%	74%	71%	49%	53%	57%	77%
<i>Agency Average</i>	69%	88%	72%	70%	55%	50%	75%	91%

Visiting Nurse Services

Clinton	75%	93%	77%	73%	57%	54%	97%	114%
Jackson	82%	94%	78%	78%	69%	62%	107%	154%
Polk	81%	90%	80%	75%	83%	70%	94%	109%
<i>Agency Average</i>	80%	90%	80%	75%	80%	68%	94%	111%

VNA of Dubuque

Allamakee	67%	87%	78%	73%	38%	56%	56%	59%
Chickasaw	70%	89%	74%	74%	46%	58%	70%	108%
Clayton	70%	87%	76%	77%	51%	50%	66%	125%
Delaware	65%	84%	73%	76%	44%	46%	57%	72%
Dubuque	81%	93%	78%	76%	78%	77%	91%	99%
Fayette	74%	88%	84%	78%	42%	59%	90%	67%
Howard	78%	93%	84%	79%	69%	64%	78%	80%
Winneshiak	64%	80%	80%	70%	34%	37%	73%	89%
<i>Agency Average</i>	75%	90%	78%	76%	61%	64%	81%	90%

Washington County PHN

Henry	79%	91%	81%	76%	64%	70%	99%	102%
Washington	83%	93%	81%	85%	70%	75%	95%	117%
<i>Agency Average</i>	81%	92%	81%	80%	67%	72%	97%	108%

Webster County Public Health

Hamilton	88%	94%	86%	84%	84%	71%	117%	133%
Humboldt	72%	86%	81%	77%	80%	33%	65%	119%
Webster	87%	93%	90%	86%	76%	83%	98%	89%
Wright	86%	97%	86%	93%	73%	68%	94%	112%
<i>Agency Average</i>	86%	94%	88%	86%	77%	72%	97%	103%